

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Committee to Re-Elect Spencer Stora to Council 2016

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

130740

STREET ADDRESS

CITY

LINCOLN

STATE

CA

ZIP CODE

95648

Date of This Filing 9/29/16

Report No. _____

☐ Amendment to Report No. _____
(explain below)

No. of Pages _____

Date Stamp

RECEIVED

SEP 29 2016

CITY OF LINCOLN

CALIFORNIA FORM 497

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1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|--|
| 9/28/16 | RICHLAND DEVELOPERS INC. 3161 MICHELSON DR, STE 425 IRVINE CA 92612 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,500 ⁰⁰ <input type="checkbox"/> Check if Loan \$3,500 % Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____ % Provide interest rate |

Reason for Amendment: _____

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

SCANNED